

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8		1				
9						
10						
11						
12						
13	2					
14						
15						
16						
17		1				
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48						
49						
50						
TOTAL IND.	1	0	0	0	0	0
TOTAL DEP.	2	0	0	0	0	0
TOTAL CLAIMS	2	0	0	0	0	0

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			0	0	0	0
TOTAL DEP.			0	0	0	0
TOTAL CLAIMS			0	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS